

BB-319

**INCIDENT  
IDENTIFICATION  
NUMBER**

1010696



United States  
Department of  
Agriculture

Animal and  
Plant Health  
Inspection  
Service

Policy and Program Development  
4700 River Road, Unit 152  
Riverdale, MD 20737-1237  
Telephone: 301/734-8963

1010696

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ENQL 7-1 CY00  
PERMANENT  
Retire 09/05

September 29, 2000

Document Processing Desk [6(a)(2)]  
Office of Pesticide Programs (7504C)  
U.S. Environmental Protection Agency  
Ariel Rios Building, 1200 Pennsylvania Avenue, N.W.  
Washington, DC 20460-0001

ATTN: Norman Spurling

SUBJECT: FIFRA, Section 6(a)(2) report; adverse effects incident

Dear Mr. Spurling:

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. In as much as possible, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period of June 1, 2000 through August 31, 2000:

EPA Reg. No. 56228-15  
Active Ingredient:  
Sodium Cyanide

M-44 Cyanide Capsules  
CAS No. 143-33-9

Incident Category  
W-B

No. of Incidents  
1

Supplemental reports pertaining to the adverse incidents for this reporting period are attached. Please direct any questions pertaining to this adverse incident report to Kenneth Dial at (301) 734-8378 or e-mail [kenneth.dial@usda.gov](mailto:kenneth.dial@usda.gov).

Sincerely,

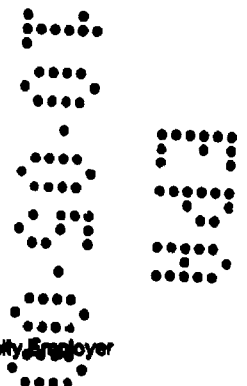
Kenneth Dial  
Deputy Director, Environmental Services  
Policy and Program Development

Enclosure



APHIS- Protecting American Agriculture

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U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

## 6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE  W-B	INCIDENT STATUS		DATE WE BECAME AWARE OF THE INCIDENT  4/24/00	DOT USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 7/31/00	<input type="checkbox"/> Update Date of last submission		
EMPLOYEE NAME (To contact for additional information)		TELEPHONE NUMBER	CONTACT NAME (If Non-APHS or different from reporter)	TELEPHONE NUMBER
DUTY STATION ADDRESS			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY	STATE NM	COUNTY	<input type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input checked="" type="checkbox"/> Other <u>MIS</u>	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

Other - ingestion by Crow

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, (fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))

SITUATION RELATIVE TO PRODUCT ADVERSE INCIDENT: (examples include application, mislabeling, frosty, during transport, repair/maintenance of applicator, equipment, during manufacturing/formulation)

Rangeland/Pasture

Application

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44 Sodium Cyanide Capsule	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (if "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form)

M-44 placed for protection of livestock from coyote predation. Crow pulled device.

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE

THIS DOCUMENT

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DET USE ONLY

## DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

REPORT NUMBER

X ONE

☐ Amphibian ☐ Fish ☒ Bird ☐ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

X ONE

☐ Domestic ☒ Wild

NUMBER OF ACRES AFFECTED

SPECIES COMMON NAME

American Crow

SEXED (if known)

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Bird found dead near discharged M-44 device.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies)

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

1 American Crow

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

1 Sodium Cyanide in M-44 device

WAS PREBATING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

M-44 placed for livestock protection from coyote predation on  
rangeland.

ADDITIONAL FACTORS

None

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NAME OF PREPARER

SIGNATURE

DATE

31 JUL 00

NAME OF SUPERVISOR

SIGNATURE

DATE

7/31/00